

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/631857

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP.	IND	DEP.	IND	DEP.
1	/	/	/	/	/	/
2			/		/	
3			/		/	
4			/		/	
5			/		/	
6			/		/	
7			/		/	
8			/		/	
9			/		/	
10			/		/	
11	10	10	10	10	10	10
12	10	1	1	1	1	1
13	10	1	1	1	1	1
14	10	1	1	1	1	1
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TOTAL IND.	29		22		21	
TOTAL DEP.	20		23		23	
TOTAL CLAIMS	50		43		44	

CLAIMS	IND	DEP.	IND	DEP.	IND	DEP.
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TOTAL CLAIMS						